

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/09/03.

## **I. DISPUTE**

Whether there should be reimbursement for CPT code 97799-CP on dates of service 07/26/02, 07/29/02, 07/30/02, 07/31/02, 08/01/02, 08/02/02, 08/05/02, 08/06/02, 08/07/02, 08/08/02, 08/14/02, 08/15/02, 08/16/02, 08/19/02, 08/21/02, 08/23/02, 08/26/02, and 08/27/02.

## **II. RATIONALE**

- Dates of service 07/26, 07/29, 07/30, 07/31, 08/01, 08/02, 08/05, 08/06, 08/07, 08/08, 08/21, 08/23, 8/26/02, 08/14, 08/15, 08/16, 08/19/02 and 08/27/02 were denied as “F-Fee guideline MAR reduction” and “M-No MAR”. According to the CPT descriptor DOP is required for billing. The Daily Progress Reports support the delivery of service per TWCC Rule 133.307(g)(3)(A-F). This service does not have a MAR established and is reimbursed at fair and reasonable. Rule 133.307 (g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The requestor did not provide redacted EOBs from other insurance carriers paying for the same or similar service in that geographical area to show fair and reasonable reimbursement of 97799-CP. Based on this, reimbursement is not recommended.

## **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement

The above Findings, Decision is hereby issued this 09th day of April 2004.

Laura L. Campbell  
Medical Dispute Resolution Officer  
Medical Review Division

LLC/llc